

**Confirmation and Signature:**

I verify that the funds from this mini-grant will be used specifically to fund a *School Wellness In Action Project* as detailed above. I understand that mini-grant funds need to be spent by September 30, 2016. I agree to submit both a mid-term progress report and a final progress and budget report to the funding agency by the reporting deadlines of January 31, 2016 and September 10, 2016, respectfully.

\* By signing, the applicant has reviewed the budget attached to this application and is confident that all information contained herein is true and correct to the best of his/her knowledge.

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Project Contact Signature\*

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Date

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School Superintendent Signature \*

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Date

Please list the School District Business Official's name, phone number, and e-mail address

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The School District Tax ID \_\_\_\_\_

(The grant award will come from the Office of Public Instruction, School Nutrition Program by submission of a Cash Advance Form.

**Applications must be received by January 16, 2015**

For More information or clarification: Contact

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This project is being funded in part by a 2014 USDA Team Nutrition Training Grant awarded to the Montana Office of Public Instruction and by the Montana Department of Public Health and Services (DPHHS) through a Centers for Disease Control and Prevention, State Public Health Actions Grant.

The USDA is an equal opportunity provider and employer.